

Exhibit A



Wyoming Secretary of State

State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: business@state.wy.us

Max Maxfield, WY Secretary of State
FILED: 10/14/2011 03:32 PM
ID: 2011-000609955

**Limited Liability Company
Articles of Organization**

1. Name of the limited liability company:

Far Ahead Marketing, LLC

2. Name and physical address of its registered agent:

(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. The registered agent must have a physical address in Wyoming. A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)

Corporation Service Company
1821 Logan Avenue
Cheyenne, WY 82001

3. Mailing address of the limited liability company:

1 Irving Place, G18G
New York, NY 10003

4. Principal office address:

1 Irving Place, G18G
New York, NY 10003

Signature:

(Shall be executed by an organizer.)

Date:

10/7/2011
(mm/dd/yyyy)

Print Name:

Amanda J. Beren

Contact Person:

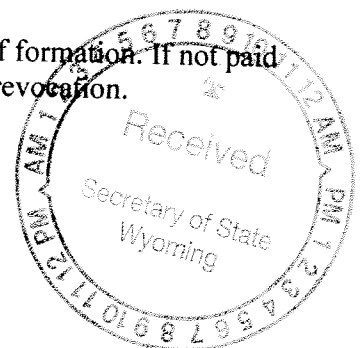
Amanda J. Beren

Daytime Phone Number: 888-449-2638

Email: aberen@corpnet.com

Other Requirements:

- An annual report will be due annually on the first day of the anniversary month of formation. If not paid within sixty (60) days from the due date, the entity will be subject to dissolution/revocation.





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Consent to Appointment by Registered Agent

I, Corporation Service Company, registered office located at
(name of registered agent)

Corporation Service Company
1821 Logan Avenue
Cheyenne, WY 82001

voluntarily consent to serve

*
(registered office physical address, city, state & zip)

as the registered agent for

(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature:

(Shall be executed by the registered agent.)

Date:

(mm/dd/yyyy)

Print Name: Lamont W Jones, Assistant VP Daytime Phone: (888) 449-2638

Title:

Email: aberen@corpnet.com

Registered Agent Mailing Address
(if different than above):

* If this is a new address, complete the following:

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature:

(Shall be executed by the registered agent.)

Date:

(mm/dd/yyyy)

Checklist

- ☐ Submit one **originally signed** consent to appointment and one exact photocopy.